PHIP Steering Committee Meeting Notes
October 28, 2002
Wyndahm Garden
Sea-Tac, Washington

Attendees:

Jean Baldwin
Mary Selecky

Joan Brewster
Kathy Deuel
Larry Fay
Ed Grey
Jill Hanks
Maxine Hayes
Ward Hinds
Heidi Keller
Vicki Kirkpatrick
Kay Koontz
Donna Larsen
Tim McDonald
Pat Malone
Rick Mockler
Brian Peyton
Randy Phillips
Alice Porter
Don Sloma
Lois Speelman
Jack Thompson
Jack Williams

General Discussion:
The committee discussed a variety of questions regarding tone, overarching themes and future directions. Summary notes are attached.

Committee Summaries:
Materials were distributed and reviewed for each committee. Potential recommendations were discussed. Narratives will be drafted to incorporate key points of discussion.

Business:
The color blue will become a PHIP color, in keeping with the recommendations of the Communications Committee.

Unspent funds will be re-allocated to committees based on discussion among Committee Chairs, Joan and Vicki.

Other:
The document should include a tribute to Featherstone Reid, who passed away this month. Feather was a great friend of public health and significant contributor to many of the state's major health policy initiatives, including the basic health plan and the legislation that resulted in PHIP.

Summary Notes from General Discussion:

1. Regarding the Vision Statement: Is it too soft? Can some of the words be strengthened? Accompany the vision with dates?

2. Other Partners: Acknowledge their contribution to public health services. They are being squeezed, too. We need to be working together.

3. "Threats" compared to "Successes" of our collaborative effort. Attempt to balance in descriptions.

4. Do make bold statements, not passive statements: We are at a crossroads and decisions today will have important future consequences.

5. Describe the issues and how they impinge on health protection. Examples include heavy workloads, new and re-emerging diseases.

6. Clarify PHIP Audience: Legislators, OFM staff, local elected officials, public health staff.

7. Comment: "Workforce" as an issue seems missing from many of the comments pages for each section. It should come up repeatedly as it is fundamental tour ability to provide services.

8. Expand partners to include tribes, community health clinics, hospitals, organizations such as WSPHA. Create a recommendation regarding this.

9. Community connections: We need to state clearly that we, in government public health, cannot do it all by ourselves. We need to get aggressive about community outreach.

10. Use new IOM material (expected in November), or at least incorporate by reference, so that our work does not appear out of date or out of synch with what is published as a follow up to the 1988 report.

11. Make the document speak to "the public's health" – not just to public health as a field.

12. Using the concept above, make the connection between the "system" and people's "health". (i.e. using public health information, policy leaders can address determinants of health --- with initiatives that result in better health. Examples: less smoking, infectious disease or obesity.)

13. Regarding the vision and "threats:

    What is wrong? What will happen if it is not addressed? Be blunt, bold and honest
    Explain threats to people's health

14. Embrace the government role – this is not a market driven enterprise. What are the things government must do? What is it that the public cannot do for themselves? Health and safety figure largely in this.

15. There are opportunities in each threat. Describe and discuss – realistically, but without “doom and gloom.”